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1/22

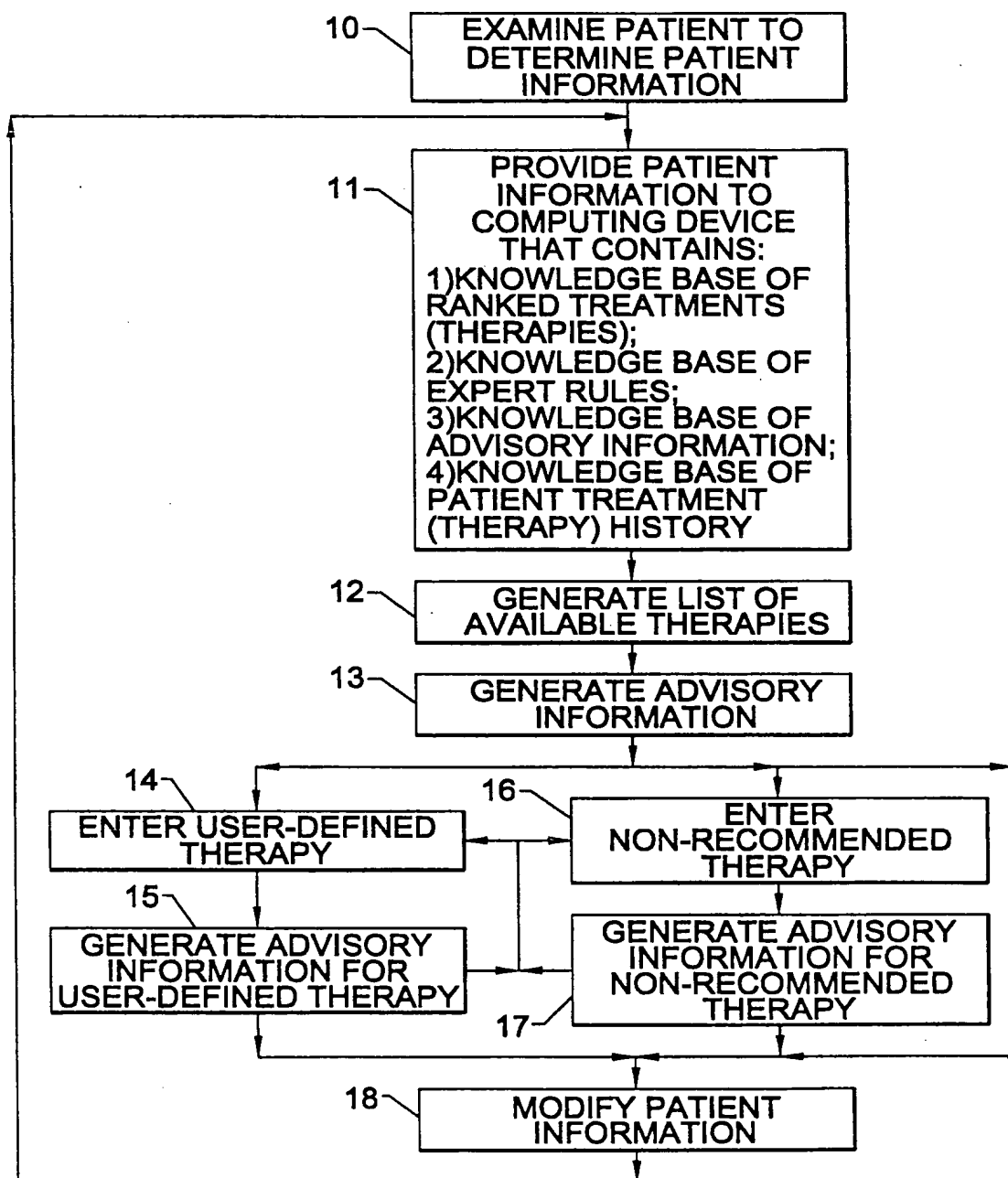
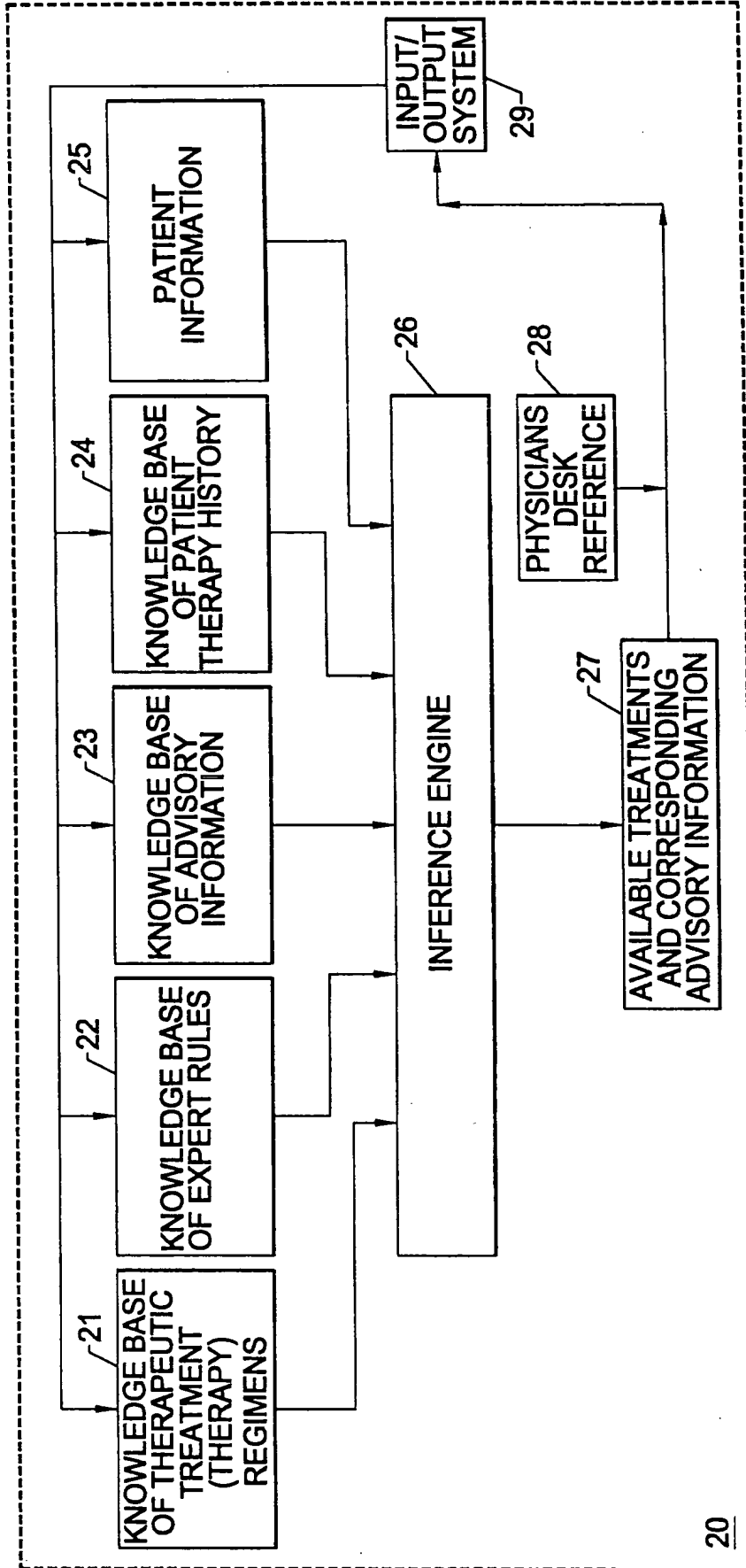


FIG. 1.

00010" 22522560

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FIG. 2.



APPROVED	O.G. FIG.	
BY	CLASS	SUBCLASS
DRAFTSMAN		

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FIG. 4.

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54

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50a 60a 70a 51 52 53

△ TPMS Patient

Medical History | Chart | Therapy Evaluation

General

Patient Id:  TPMS Number:    ☐ Entry

Birth Date:  [Copy] Gender:  Weight (kg)  +  H Date  Value

Can Take  +  H Solid Dosage  +  H

CD4 and Viral Load

Specimen Date  Value  Specimen Date  Prev Value

(cells/cubic mm)  +  H

Viral Load  +  H

(copies/ml)

Values(s)

Specimen Date

HIV Genotype  +  H

Phenotype  +  H

ARV Allergy  +  H

Intolerance  +  H

Hemoglobin

Specimen Date  Value  Date  Value

Neuropathy

Neutrophils

Specimen Date  cells/cubic mm  Date  Value

Pancreatitis

Specimen Date  Value

Hepatic Function

Specimen Date  AST/SGOT (U/L)  ALT/SGPT (U/L)  +  H Renal Function

Specimen Date  Specimen Date  Dialysis  Serum Creatinine  Est Creatinine

AIDS Diagnosis

Date  AIDS Defining Event  +  H

Current ARV Therapy  +  X  H

Non-Arv Drugs  +  X  H

Therapy Drug  Start Date

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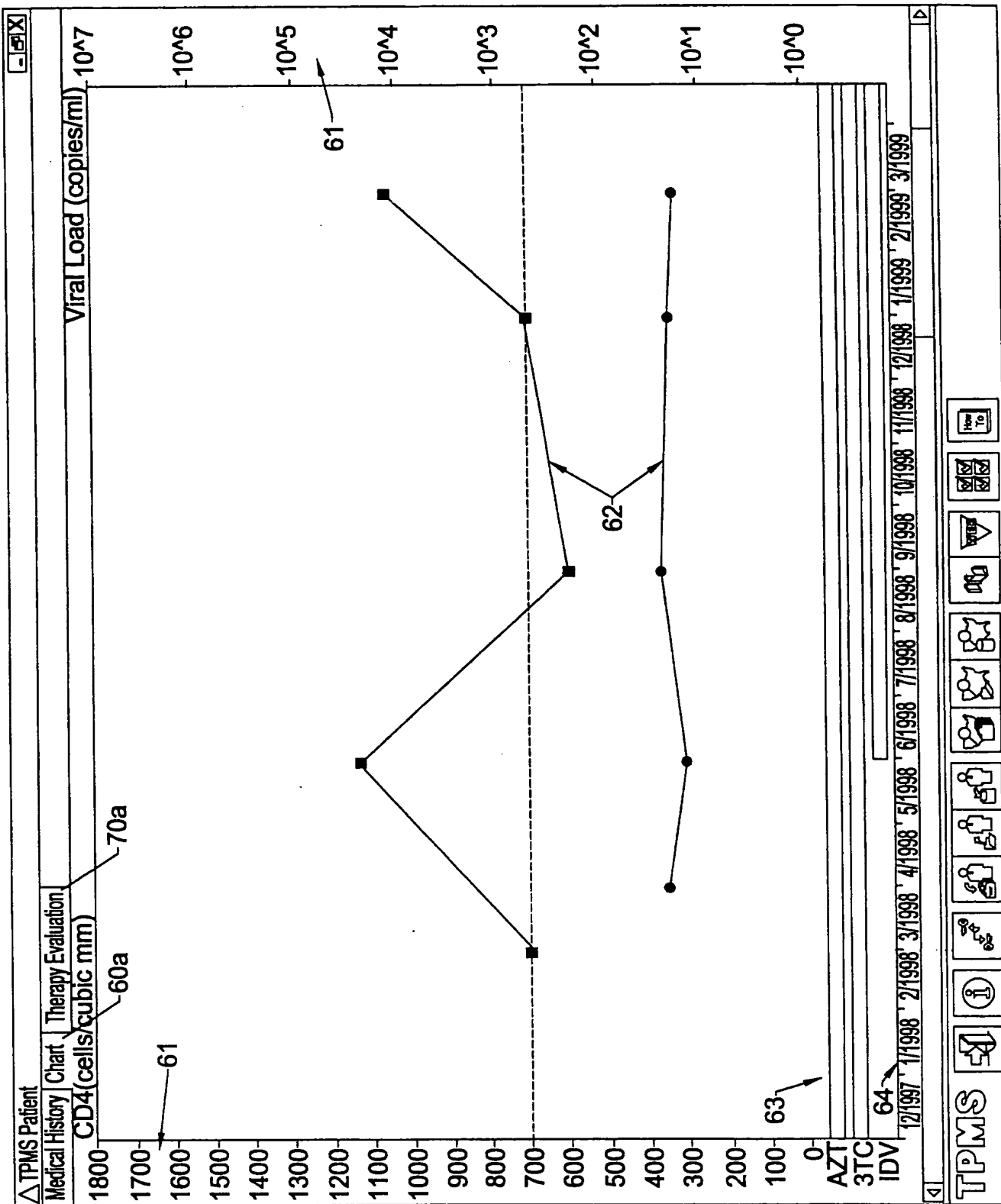


FIG. 5.

**TO FIG. 6B.**

**FIG. 6A.**

APPROVED	O.G. FIG.	
BY	CLASS	SUBCLASS
DRAFTSMAN		

7/22

FROM FIG. 6A.

Therapy Being Evaluated		ddl, d4T, IDV		78 < Use as Current Therapy	
Recommended Dosages		74			
• Videx 125mg q 12h (4 pills/day, \$4.22/day)		73			
• Zerit 15mg q 12h (2 pills/day, \$7.58/day)					
• Crivian 800 mg q 8h (6 pills/day, \$15.00/day)					
(☞ indicates adjusted dosage)					
Warning - Resistance Notices					
• d4T: Resistance Advisory: Cross Resistance: The patient has at least one previous exposure to AZT that was greater than one year in duration. Previous AZT exposure can lessen the antiRetroviral effect of d4T due to cross resistance. Therapies containing d4T have been ranked lower in their AdjustedScore by +3. Filitanti8, Commentary 259					
• Resistance advisory: IDV: According to the last genotype data entered, the patient's virus currently has the following secondary mutation(s), (L101P), (S4V/P) and (84V/P) which is/are associated with resistance to IDV. These mutations alone are not enough to preclude the use of IDV but they do indicate a trend in this direction. IDV is still an option but ongoing IDV use may result in a more rapid emergence of complete resistance. The Adjusted Score of IDV has been lowered by +3.					
TPMS					

FIG. 6B.

Icon	Meaning
○	Indicates that there were no critical alerts for the therapy, however, general warnings and advisories should be read in the Therapy Details box.
ⓘ	Indicates that there were no critical alerts for the therapy, however, general warnings and advisories should be read in the Therapy Details box. The book indicates that therapy has been studied and a reference is available to review.
△	Indicates a yellow alert. There is important information about this therapy that must be reviewed.
⚠	Indicates a yellow alert. There is important information about this therapy that must be reviewed. The book indicates that therapy has been studied and a reference is available to review.
!	Indicates a red alert, which means critical and possible life-threatening situation may exist or may be created with this therapy. Information in the Therapy Details section must be read for this therapy to be considered.
! ⓘ	Indicates a red alert, which means critical and possible life-threatening situation may exist or may be created with this therapy. Information in the Therapy Details section must be read for this therapy to be considered. The book indicates that therapy has been studied and a reference is available to review.
X	Indicates the therapy is not recommended.



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000120 2552550

73a

73b

78

TPMS Patient

Medical History Chart Therapy Evaluation

Therapy Being Evaluated AZT, dd, SQV, RTV

Show Therapies

**STOP! - DRUG INTERACTION RED ALERT - STOP!!!**

Read the following Red Drug Contra-Indication Alerts for this therapy.

**Drug Interaction Alert:** Patient is currently taking cisapride, co-administration of Norvir (Ritonavir/RTV) with certain non-sedating antihistamines, sedative hypnotics, or antiarrhythmics may result in potentially serious and/or life-threatening adverse events due to possible effects of Norvir (Ritonavir/RTV) on the hepatic metabolism of certain drugs. Norvir (Ritonavir/RTV) can produce large increases in plasma concentrations of certain highly metabolized drugs. Norvir (Ritonavir/RTV) should not be coadministered with alprazolam, amiodarone, astemizole, bepridil, bupropion, cisapride, clarazepate, clozapine, diazepam, encainide, estazolam, flecainide, flurazepam, mependine, midazolam, piroxicam, propafenone, propoxyphene, quinidine, rifabutin, terfenadine, triazolam or zolpidem. Patient is taking cisapride and in order to use this therapy, that drug should be replaced with a non-contraindicated substitute. CmtDIL, Commentary25

**Dosages**

- Retrovir 300mg qd 2h (2 pills/day, \$9.56/day)
- Vdex 125mg qd 2h (4 pills/day, \$4.22/day)
- Inivrase 400mg qd 2h; taken within 2 hours after a full meal (4 pills/day, \$8.47/day)
- Norvir 400mg qd 2h (8 pills/day, \$14.84/day)

(C indicates adjusted dosage)

**Dosage Adjustments:** The following dosage adjustments messages apply to this therapy.

- Dosage Notice: This therapy contains both saquinavir and ritonavir. When ritonavir and saquinavir are used together the dosage of each drug is reduced by 1/3. The dosage for these drugs has been set accordingly. DosComD, Commentary28

**Inivrase (saquinavir/SQV):** The following Warnings and Advisories apply to Inivrase (saquinavir/SQV):

- Drug Interaction Information: Compounds that are substrates of CYP3A4 (e.g., calcium channel blockers, clindamycin, dapson, quinidine, triazolam) may have elevated plasma concentrations when coadministered with Inivrase (saquinavir/SQV); therefore, patient should be monitored for toxicities associated with such drugs when taking Inivrase (saquinavir/SQV). CmtGenF, Commentary21

FIG. 8.



-50-

**FIG. 10A.**

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02

**FIG. 10B.**

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0000120 225522500

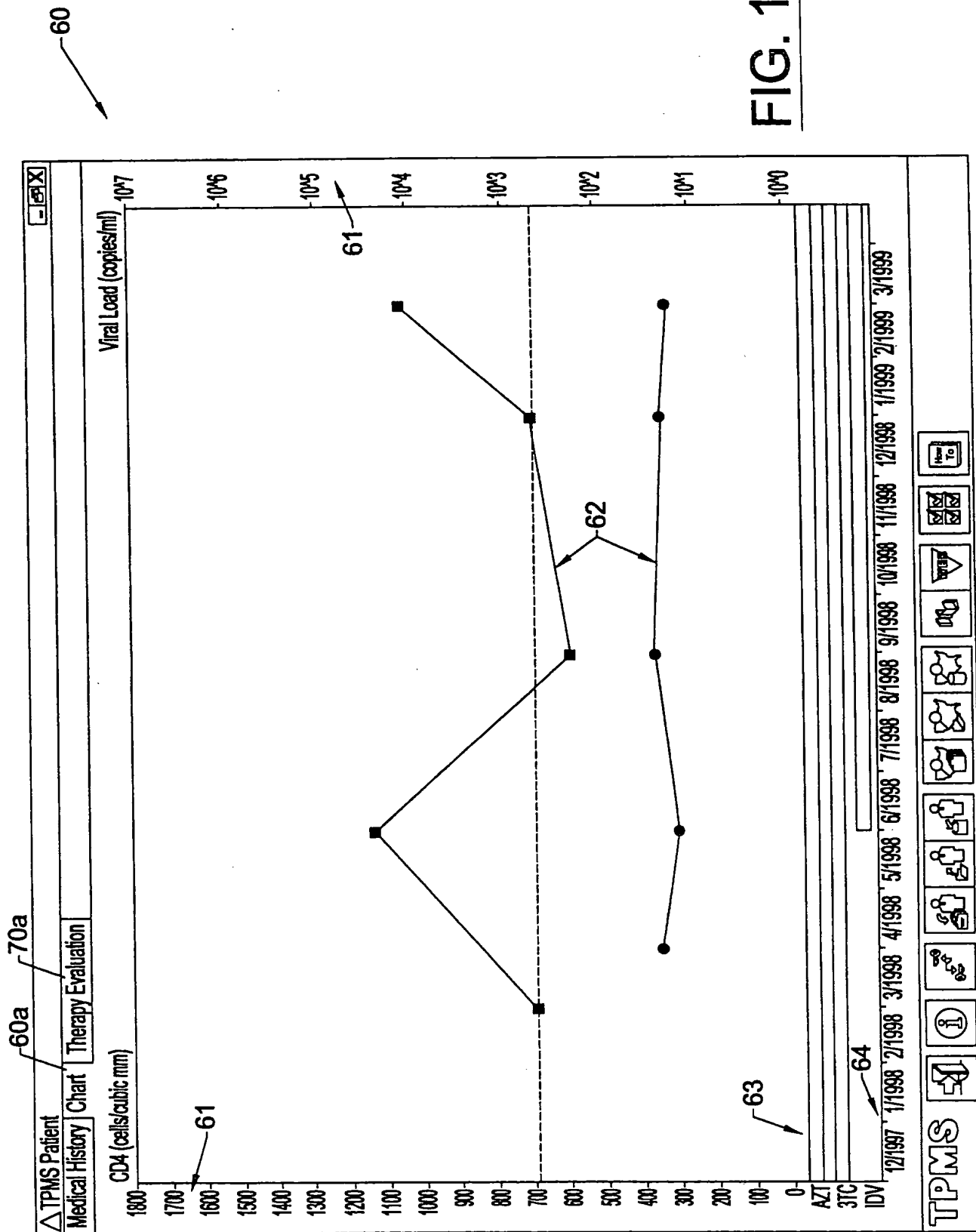


FIG. 10C.

02

**FIG. 10D.**

000110" 22.55.2500

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60a 70a

△ TPMS Patient		- [X]	
Medical History Chart Therapy Evaluation			
General		+ [H] <input type="checkbox"/> Entry <input checked="" type="checkbox"/> Comment Popup	
Patient Id: ARV naive1	Birth date: 1/5/1988	TPMS Number:	Weight (kg) + [H] 2/1/1999 73.00
Physician:	Gender: Male	Print Save	Solid Dosage + [H] 2/1/1999 Yes
CD4 and Viral Load		AIDS Diagnosis + [H]	
CD4 (cells/cubic mm)	Specimen Date Value	Specimen Date Prev Value	Date AIDS Defining Event
+ [H] 2/20/1999 350	12/23/1998	375	
Current Viral Load	VL Units: C/mL		Current ARV Therapy [V] [D] + [X] [H]
+ [H] 2/20/1999 31000			
Previous Viral Load	VL Units: C/mL		
+ [H] 12/23/1998 19000			
Specimen Date Value(s)		Non-ARV Drugs + [X] [H]	
HIV Genotype + [H]		Therapy Drug	Route Start Date
Phenotype + [H]		Prozac Pulvules & Liquid, O...	oral 10/5/1998
Allergy/Hyper + [H]		Bacrim DS Tablets	oral 12/8/1998
Intolerance + [H]			
Hemoglobin		Neuropathy	
Specimen Date Value(g/dL)	Date Value		
+ [H] 2/1/1999 12.30	+ [H] 2/1/1999 No		
Neutrophils	Pancreatitis		
Specimen Date cells/cubic mm	Date Value		
+ [H] 2/1/1999 1350	+ [H] 2/1/1999 No		
Hepatic Function		Renal Function	
Specimen Date AST/SGOT (U/L) ALT/SGPT (U/L)	Specimen Date Dialysis Serum Creatinine Est. Creatinine		
2/1/1999 35 35	2/1/1999 No 1.00 110.51		

FIG. 11A.

**FIG. 11B.**



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TPMS Patient

Medical History | Chart

Therapy Evaluation

Evaluate Current Therapy

None

☐ Show 1-Drug Therapies  
☐ Show 2-Drug Therapies  
☒ Show 3-Drug Therapies  
☒ Show 4-Drug Therapies  
☐ Show Rejected Therapies  
☐ Show EAP Therapies

Therapy Options (10 of 613)

Clear All Drugs

Therapy	Eff.	Adj.	Safety Considerations	Freq.	Pills	Cost
<input checked="" type="radio"/> AZT, ddI, 3TC, SQV-SGC	1	1		q8h	26	\$43.46
<input type="radio"/> ddI, 3TC, NFV	1	1		q8h	13	\$34.78
<input type="radio"/> AZT, 3TC, IDV	1	1		q8h	10	\$32.24
<input type="radio"/> AZT, 3TC, NFV	1	1		q8h	13	\$35.81
<input type="radio"/> ddI, 3TC, IDV	1	1		q8h	10	\$31.20
<input type="radio"/> AZT, ddI, RTV, DLV	2	2	DLV+RTV	q8h	30	\$45.99
<input type="radio"/> ddI, ddI, IDV, NVP	2	2		q8h	17	\$42.55
<input type="radio"/> ddI, 3TC, RTV	2	2		q12h	16	\$38.46
<input type="radio"/> AZT, ddI, RTV, NVP	2	2		q12h	20	\$47.10

76

See More | See All | Top 10 | Full Screen Evaluation

Therapy Being Evaluated

None

General Messages

- WARNING: Before initiating any antiRetroviral treatment regimen, the complete product information for each therapeutic component should be consulted. W1
- Viral Load Testing Required: Viral load testing should be repeated 21-35 days after initiation of, or a change of, antiRetroviral therapy to evaluate therapeutic efficacy and patient compliance. A1

Therapy Initiation/Change Messages

- Therapy Initiation: Current treatment guidelines recommend initiation of antiRetroviral therapy for HIV-infected patients with HIV RNA (viral load) concentrations greater than 20,000 copies/ml (10,000 Eq/ml bDNA) or CD4 counts less than 500 cells/μL (Ann.Int.Med., 1998). A2
- Combination Therapy Recommended: Experts agree that the goal of antiRetroviral therapy should be to reduce the viral load to as low a level as possible for as long as possible. Initiation of therapy with a combination containing 2 nucleoside reverse transcriptase inhibitors (NRTIs) and a potent protease inhibitor have been shown to provide enhanced clinical benefit versus 2 drug combinations with regard to reduction in viral load and improved clinical outcomes. A3

FIG

PreQualiM, Commentary65

PreQualiM, Commentary66

**FIG. 11D.**

		<input type="button" value="Show Therapies"/>
Therapy Being Evaluated: AZT, ddl, RTV, DLV		<input type="button" value="Use as Current Therapy"/>

**Recommended Dosages**

- Retrovir 300mg q 12h (2 pills/day, \$9.56/day)
- Videx 200mg q 12h (4 pills/day, \$6.78/day)
- Norvir 600 mg q 12h (12 pills/day, \$22.26/day)
- Rescriptor 400mg q 8h (12 pills/day, \$7.39/day)

## FIG.

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**Warnings and Side Effects**

- AZT: Interrupt Retrovirus if anemia and/or neutropenia develops. More Info 036 DosGenA, Commentary36
- ddl: When treatment with other drugs known to cause pancreatic toxicity is required (for example, IV pentamidine), suspension of Videx should be considered. CmtGenA, Commentary13
- ddl: If patients develop symptoms of neuropathy, Videx therapy should be interrupted. DosGenB, Commentary40
- ddl: Clinical signs suggestive of pancreatitis should prompt dose suspension of Videx and careful evaluation of the possibility of pancreatitis. Only after pancreatitis has been ruled out should dosing be resumed. DosGenB, Commentary39
- DLV: Skin rash attributable to Rescriptor may occur during first 21 days. More Info 054 CmtGenS, Commentary54

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**Drug Interaction Information**

- ddl: Videx should not be administered with a prescription antibiotic containing any form of tetracycline. CmtGenA, Commentary15
- ddl: Plasma concentrations of some quinolone antibiotics are decreased when administered with antacids containing magnesium or aluminum. Therefore, doses of quinolone antibiotics should not be administered within 2 hours of taking Videx. CmtGenA, Commentary16
- RTV: Monitor for decreased AUC of Norvir and associated adverse events when concomitant with use of drugs that increase CYP3A activity (including tobacco). More Info 026 CmtGenH, Commentary26

**FIG. 11E.**

<b>TPMS Patient</b>		<b>Therapy Evaluation</b>	
<b>Medical History</b>	<b>Chart</b>		
<b>Evaluate Current Therapy?</b>		None	
<input type="checkbox"/> Show 1-Drug Therapies <input checked="" type="checkbox"/> Show 3-Drug Therapies <input type="checkbox"/> Show Rejected Therapies <input type="checkbox"/> Show 2-Drug Therapies <input checked="" type="checkbox"/> Show 4-Drug Therapies <input type="checkbox"/> Show EAP Therapies			
<b>Clear All Drugs</b>			
<b>Antiretroviral Drugs</b>			
<b>Nucleoside Analogues (NRTI)</b>			
<input type="checkbox"/> AZT (Retrovir/zidovudine) <input type="checkbox"/> ddI (Videx/didanosine) <input type="checkbox"/> ddC (Hivid/zalcitabine) <input type="checkbox"/> 3TC (Epivir/lamivudine) <input type="checkbox"/> d4T (Zeritistavudine) <input type="checkbox"/> ABC (Zenagen/abacavir)			
<b>Protease Inhibitors (PI)</b>			
<input type="checkbox"/> IDV (Crivan/indefinavir) <input type="checkbox"/> SQV-HSC (Invirase/saquinavir) <input type="checkbox"/> SQV-SGC (Fortovase/sequinavir)			
<b>Therapy Options (10 of 613)</b>			
<b>Therapy</b>	<b>Freq.</b>	<b>Pills</b>	<b>Cost</b>
Show Abstract for Retrovir	q8h	26	\$43.46
Show Abstract for Videx	q8h	13	\$34.78
Show Abstract for Epivir	q8h	10	\$32.24
Show Therapy Study	q8h	13	\$35.81
Print Details for AZT, ddI, 3TC, SQV-SGC	q8h	10	\$31.20
Print Top 10 Therapy Option Details	q8h	30	\$45.99
Print All Therapy Option Summaries	q8h	17	\$42.55
Print Top 10 Therapy Option Summaries	q12h	16	\$38.46
Hide Column "Eff."	q12h	20	\$47.10
Hide Column "Adj."			
Hide Column "Safety Considerations"			
Show Column "Med"			
Show Column "Drug"			
Hide Column "Freq."			
Hide Column "Pills"			
Hide Column "Cost"			
<b>See More</b>		<b>See All</b>	
<b>Therapy Being Evaluated</b>		<b>None</b>	
<b>General Message</b>			
<p>• WARNING:-Before initiating any antiRetroviral treatment regimen, the complete product information for each therapeutic component should be consulted.          CmtGenY, Commentary65</p> <p>• Viral Load Testing Required: Viral load testing should be repeated 21-35 days after initiation of, or a change of, antiRetroviral therapy to evaluate therapeutic efficacy and patient compliance. CmtGenY, Commentary65</p> <p style="text-align: right;">W1 A1</p>			
<b>Therapy Initiation/Change Messages</b>			
<p>• Therapy Initiation: Current treatment guidelines recommend initiation of antiRetroviral therapy for HIV-infected patients with HIV RNA (viral load) concentrations greater than 20,000 copies/ml (10,000 Eq/ml bDNA) or CD4 counts less than 500 cells/uL (Ann.Int.Med., 1998). PreQualIM, Commentary61</p> <p style="text-align: right;">A2 A3</p> <p>• Combination Therapy Recommended: Experts agree that the goal of antiRetroviral therapy should be to reduce the viral load to as low a level as possible for as long as possible. Initiation of therapy with a combination containing 2 nucleoside reverse transcriptase inhibitors (NRTIs) and a potent protease inhibitor have been shown to provide enhanced clinical benefit versus 2 drug combinations with regard to reduction in viral load and improved clinical outcomes. PreQualIM, Commentary66</p>			

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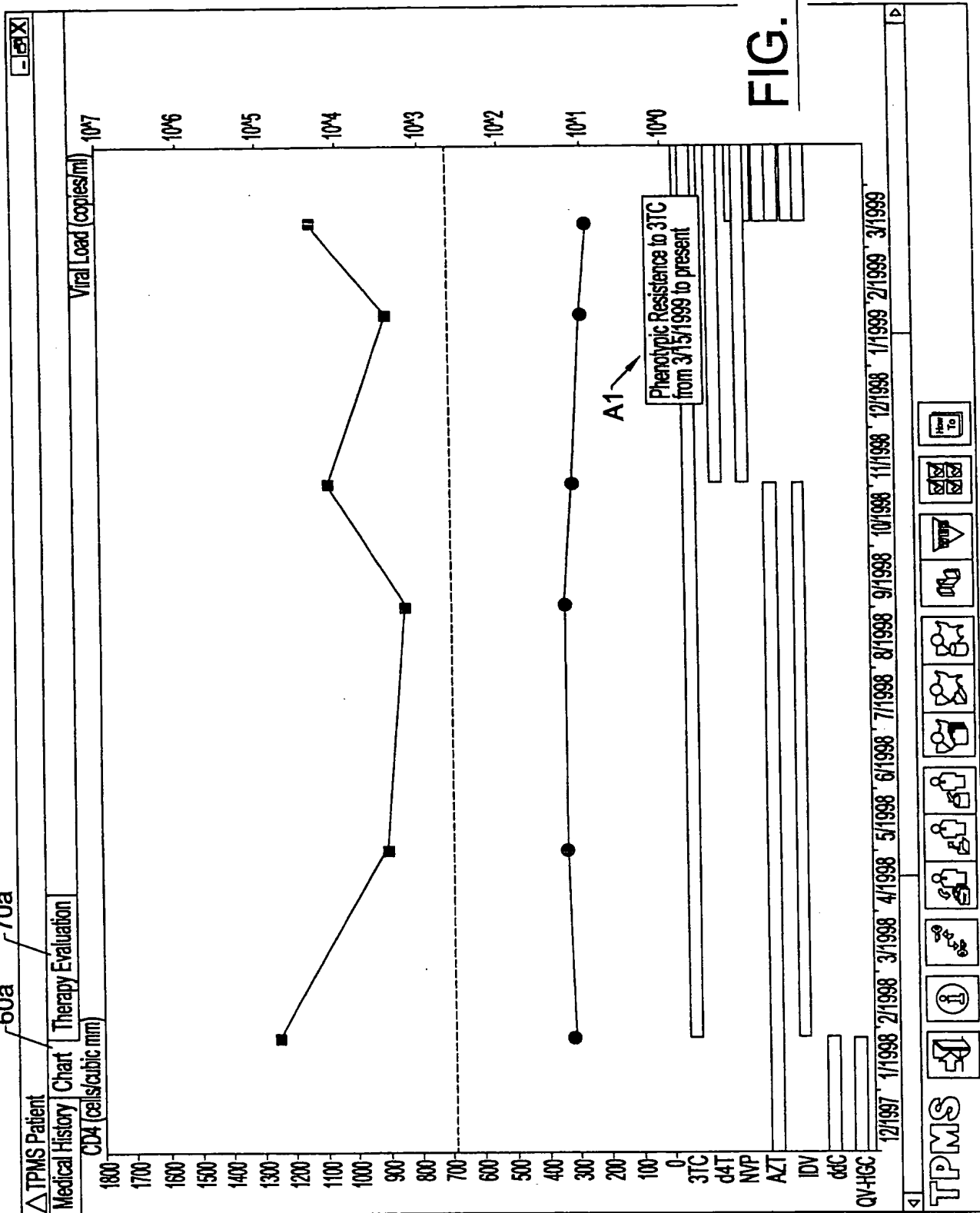


FIG. 12A.

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[illegible]

<b>TPMS Patient</b>		<b>Medical History Chart</b>		<b>Therapy Evaluation</b>																																																		
Evaluate Current Therapy? <span style="border: 1px solid black; padding: 2px;">3TC, d4T, NVP</span> <input type="checkbox"/> Show 1-Drug Therapies <input checked="" type="checkbox"/> Show 3-Drug Therapies <input type="checkbox"/> Show Rejected Therapies <input type="checkbox"/> Show 2-Drug Therapies <input type="checkbox"/> Show 4-Drug Therapies <input type="checkbox"/> Show EAP Therapies																																																						
<b>Therapy Options (10 of 98)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Therapy</th> <th>Effic.</th> <th>Adj.</th> <th>Safety Considerations</th> <th>Freq.</th> <th>Pills</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>△ ddI, d4T, NFV</td> <td>2</td> <td>2</td> <td>Rifabutin+NFV</td> <td>q8h</td> <td>15</td> <td>\$33.88</td> </tr> <tr> <td>○ ddI, d4T, EFV</td> <td>5</td> <td>5</td> <td></td> <td>q12h</td> <td>9</td> <td>\$28.44</td> </tr> <tr> <td>△ ddI, NFV, EVF</td> <td>5</td> <td>5</td> <td>Rifabutin+NFV</td> <td>q8h</td> <td>16</td> <td>\$38.50</td> </tr> <tr> <td>△ d4T, NFV, EVF</td> <td>5</td> <td>5</td> <td>Rifabutin+NFV</td> <td>q8h</td> <td>14</td> <td>\$40.24</td> </tr> <tr> <td>△ ddC, NFV, EVF</td> <td>5</td> <td>7</td> <td>Rifabutin+NFV</td> <td>q8h</td> <td>15</td> <td>\$38.77</td> </tr> <tr> <td>○ ddC, d4T, EFV</td> <td>5</td> <td>7</td> <td></td> <td>q8h</td> <td>8</td> <td>\$28.71</td> </tr> </tbody> </table>		Therapy	Effic.	Adj.	Safety Considerations	Freq.	Pills	Cost	△ ddI, d4T, NFV	2	2	Rifabutin+NFV	q8h	15	\$33.88	○ ddI, d4T, EFV	5	5		q12h	9	\$28.44	△ ddI, NFV, EVF	5	5	Rifabutin+NFV	q8h	16	\$38.50	△ d4T, NFV, EVF	5	5	Rifabutin+NFV	q8h	14	\$40.24	△ ddC, NFV, EVF	5	7	Rifabutin+NFV	q8h	15	\$38.77	○ ddC, d4T, EFV	5	7		q8h	8	\$28.71	<b>Antiretroviral Drugs</b> Clear All Drugs <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Nucleoside Analogues (NRTI)</th> </tr> </thead> <tbody> <tr> <td> <input checked="" type="checkbox"/> AZT (Retrovir/zidovudine)  <input type="checkbox"/> ddI (Videx/didanosine)  <input type="checkbox"/> ddC (Hivid/zalcitabine)  <input checked="" type="checkbox"/> 3TC (Epivir/lamivudine)  <input checked="" type="checkbox"/> d4T (Zerit/zalcitabine)  <input type="checkbox"/> ABC (Zegenix/bacavir)           </td> </tr> </tbody> </table>		Nucleoside Analogues (NRTI)	<input checked="" type="checkbox"/> AZT (Retrovir/zidovudine) <input type="checkbox"/> ddI (Videx/didanosine) <input type="checkbox"/> ddC (Hivid/zalcitabine) <input checked="" type="checkbox"/> 3TC (Epivir/lamivudine) <input checked="" type="checkbox"/> d4T (Zerit/zalcitabine) <input type="checkbox"/> ABC (Zegenix/bacavir)
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See More    See All    Top 10    Full Screen Evaluation		<b>Protease Inhibitors (PI)</b> <input type="checkbox"/> Zalcitabine																																																				
<b>Therapy Being Evaluated</b> <span style="border: 1px solid black; padding: 2px;">3TC, d4T, NVP</span>		<input type="checkbox"/> Use as Current Therapy																																																				
<p style="text-align: center;"><b>!!! THERAPY REJECTED !!!</b></p> <p>This therapy was rejected for the following reason(s) Additional information about the therapy is provided but this therapy is NOT advisable</p> <ul style="list-style-type: none"> <li>• Viramune (nevirapine/NVP) Resistance Advisory: According to the last genotype data entered, the patient's virus currently has mutation(s) which is/are associated with resistance to Viramune. FIRMutE, Rejection54</li> <li>• Resistance Advisory: According to the last genotype data entered, the patient's virus currently has the following mutations; M184V [RT], the genotype test displays evidence of the M184V/M184I mutation which is associated with resistance to 3TC. However, this mutant has increased sensitivity to the anti-Retroviral activity of AZT and ADV so an AZT/3TC or AZT/ADV combination is still useable. Therefore combinations which contain AZT/3TC and AZT/ADV are shown as therapy options although these therapies have been ranked down +5 in favor of three drug combinations with no resistant mutants. FIRMutB, Rejection51</li> <li>• Epivir and Viramune Resistance Advisory: The patient's last phenotypic assay demonstrates phenotypic resistance to Epivir and Viramune, therefore, therapies containing Epivir and Viramune are not recommended at this time. FIRMutC, Rejection42</li> <li>• NVPΔ : Drug Interaction Alert: Patient is currently taking rifabutin and there is insufficient data to assess whether dose adjustments are necessary. These drugs</li> </ul>																																																						

**FIG. 12C.**

<div style="display: flex; justify-content: space-between;"> <span>TPMS Patient</span> <span>Medical History   Chart   Therapy Evaluation</span> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">General</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Patient Id: Features1</div> <div style="border: 1px solid black; padding: 2px;">Physician: [patient]</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Birth date: 1/1/1960</div> <div style="border: 1px solid black; padding: 2px;">Gender: Male</div> </div> </div> </div></div>		<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Weight (kg) <input type="text" value="60.00"/></div> <div style="border: 1px solid black; padding: 2px;">Solid Dosage <input type="text" value="Yes"/></div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Date <input type="text" value="1/28/1999"/></div> <div style="border: 1px solid black; padding: 2px;">Date <input type="text" value="1/28/1999"/></div> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">TPMS Number: <input type="text"/></div> <div style="border: 1px solid black; padding: 2px;">Print <input type="button" value="Save"/></div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Entry <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px;">Comment PopUp <input type="checkbox"/></div> </div> </div>		<div style="border: 1px solid black; padding: 2px;">Value <input type="text" value="60.00"/></div>			
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">CD4 and Viral Load</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Specimen Date <input type="text" value="3/15/1999"/></div> <div style="border: 1px solid black; padding: 2px;">Value <input type="text" value="240"/></div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Specimen Date <input type="text" value="1/28/1999"/></div> <div style="border: 1px solid black; padding: 2px;">Prev Value <input type="text" value="265"/></div> </div> </div> </div></div>				<div style="border: 1px solid black; padding: 2px;">AIDS Diagnosis <input type="text" value="+ H"/></div>	
<div style="border: 1px solid black; padding: 2px;">CD4 (cells/cubic mm) <input type="text" value="+ H"/></div>		<div style="border: 1px solid black; padding: 2px;">Date <input type="text" value="1/28/1999"/></div>			
<div style="border: 1px solid black; padding: 2px;">Current Viral Load <input type="text" value="+ H"/></div>		<div style="border: 1px solid black; padding: 2px;">AIDS Defining Event <input type="text"/></div>			
<div style="border: 1px solid black; padding: 2px;">Previous Viral Load <input type="text" value="1/28/1999"/></div>		<div style="border: 1px solid black; padding: 2px;">Current ARV Therapy <input type="text" value="3TC, d4T, NVP"/></div>			
<div style="border: 1px solid black; padding: 2px;">Specimen Date <input type="text" value="3/15/1999"/></div>		<div style="border: 1px solid black; padding: 2px;">VL Units: <input type="text" value="C/mL"/></div>			
<div style="border: 1px solid black; padding: 2px;">Specimen Date <input type="text" value="1/28/1999"/></div>		<div style="border: 1px solid black; padding: 2px;">VL Units: <input type="text" value="C/mL"/></div>			
<div style="border: 1px solid black; padding: 2px;">Value(s) <input type="text" value="54C"/></div>					
<div style="border: 1px solid black; padding: 2px;">HIV Genotype <input type="text" value="+ H"/></div>		<div style="border: 1px solid black; padding: 2px;">Non-ARV Drugs <input type="text" value="+ X H"/></div>			
<div style="border: 1px solid black; padding: 2px;">[L101P], M45[P], L54V[P], V82A[P], M41L[RT], Y181</div>		<div style="border: 1px solid black; padding: 2px;">Start Date <input type="text" value="5/1/1999"/></div>			
<div style="border: 1px solid black; padding: 2px;">Ph <input type="text" value="5/1/1999"/></div>					
<div style="border: 1px solid black; padding: 2px;">AI <input type="text" value="5/1/1999"/></div>					
<div style="border: 1px solid black; padding: 2px;">In <input type="text" value="5/1/1999"/></div>					
<div style="border: 1px solid black; padding: 2px;"> <p>• NVP△: Drug Interaction Alert: Patient is currently taking rifabutin and there is insufficient data to assess whether dose adjustments are necessary. These drugs should only be used in combination if clearly indicated and with careful monitoring. CmtDIP, Commentary33</p> </div>					
<div style="border: 1px solid black; padding: 2px;">Hemoglobin</div>		<div style="border: 1px solid black; padding: 2px;">Neuropathy</div>			
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Specimen Date <input type="text" value="+ H"/></div> <div style="border: 1px solid black; padding: 2px;">Value(g/dL) <input type="text" value="15.00"/></div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Date <input type="text" value="1/28/1999"/></div> <div style="border: 1px solid black; padding: 2px;">Value <input type="text" value="No"/></div> </div> </div>		<div style="border: 1px solid black; padding: 2px;">W3</div>			
<div style="border: 1px solid black; padding: 2px;">Neutrophils</div>		<div style="border: 1px solid black; padding: 2px;">Pancreatitis</div>			
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Specimen Date <input type="text" value="+ H"/></div> <div style="border: 1px solid black; padding: 2px;">cells/cubic mm <input type="text" value="1500"/></div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Date <input type="text" value="1/28/1999"/></div> <div style="border: 1px solid black; padding: 2px;">Value <input type="text" value="No"/></div> </div> </div>		<div style="border: 1px solid black; padding: 2px;">Renal Function</div>			
<div style="border: 1px solid black; padding: 2px;">Hepatic Function</div>		<div style="border: 1px solid black; padding: 2px;">Specimen Date <input type="text" value="+ H"/></div>			
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Specimen Date <input type="text" value="1/28/1999"/></div> <div style="border: 1px solid black; padding: 2px;">AST/SGOT (IU/L) <input type="text" value="25"/></div> </div> <div> <div style="border: 1px solid black; padding: 2px;">ALT/SGPT (IU/L) <input type="text" value="125"/></div> <div style="border: 1px solid black; padding: 2px;">Dialysis <input type="text" value="No"/></div> </div> </div>		<div style="border: 1px solid black; padding: 2px;">Serum Creatinine <input type="text" value="1.00"/></div>			
<div style="border: 1px solid black; padding: 2px;">Est. Creatinine <input type="text" value="84.17"/></div>		<div style="border: 1px solid black; padding: 2px;">Date <input type="text" value="1/28/1999"/></div>			